

PO Box 949, Troy, OH 45373  
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Agent Name  
 And Address

Phone Fax

### Vacant Property Application

#### General Information

Proposed Effective Date

Term Desired  3 Months  6 Months  12 Months

Applicant Name (Legal)

Applicant Name (DBA)

Mailing Address City State Zip

Web Address

Inspection Contact Phone Number

Entity Type  Individual  Partnership  Corporation  Other

#### Location Information

| Loc # | Street Address City, State Zip, County, Protection Class |
|-------|--|
|       |  |
|       |  |

#### Premises Information

| Loc#/Bldg# | Subject of Insurance | Amount | Coins% | Valuation | Causes of Loss | Deductible |
|------------|----------------------|--------|--------|-----------|----------------|------------|
| ___/___    |                      |        |        |           |                |            |
| ___/___    |                      |        |        |           |                |            |
| ___/___    |                      |        |        |           |                |            |
| ___/___    |                      |        |        |           |                |            |

#### Building Information

| Loc#/Bldg# | Construction | Year Built | Number of Stories | Vacant Since | Utilities that are still turned on |          |       |
|------------|--------------|------------|-------------------|--------------|------------------------------------|----------|-------|
|            |              |            |                   |              | Gas                                | Electric | Water |
| ___/___    |              |            |                   |              |                                    |          |       |
| ___/___    |              |            |                   |              |                                    |          |       |
| ___/___    |              |            |                   |              |                                    |          |       |
| ___/___    |              |            |                   |              |                                    |          |       |

**Building Information Continued**

| Loc#/Bldg# | Purchase Date | Purchase Price | Market value | Sprinklered? | Roof Type | Heating Type |
|------------|---------------|----------------|--------------|--------------|-----------|--------------|
| ___/___    |               |                |              |              |           |              |
| ___/___    |               |                |              |              |           |              |
| ___/___    |               |                |              |              |           |              |
| ___/___    |               |                |              |              |           |              |

**Building Updates/Improvements**

| Loc#/Bldg# | Wiring Year | Roofing Year | Plumbing Year | Heating Year | Other Year |
|------------|-------------|--------------|---------------|--------------|------------|
| ___/___    |             |              |               |              |            |
| ___/___    |             |              |               |              |            |
| ___/___    |             |              |               |              |            |
| ___/___    |             |              |               |              |            |

**Current Building Use**

|  | Square Footage        |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  | Loc#/Bldg#<br>___/___ | Loc#/Bldg#<br>___/___ | Loc#/Bldg#<br>___/___ | Loc#/Bldg#<br>___/___ |
| Vacant Area  |                       |                       |                       |                       |
| Describe any areas occupied or leased to others, if any (show square footage for each) |                       |                       |                       |                       |
| Total Building Square Footage  |                       |                       |                       |                       |

|            |                                   | Building Security ("X" Those Applicable) |        |        |                  |         | Neighborhood ("X" Those Applicable) |            |            |       |
|------------|-----------------------------------|--|--------|--------|------------------|---------|-------------------------------------|------------|------------|-------|
| Loc#/Bldg# | How often do you see the building | Boarded                                  | Locked | Fenced | 24 Hour Security | Alarmed | Residential                         | Commercial | Industrial | Rural |
| ___/___    |                                   |  |        |        |                  |         |                                     |            |            |       |
| ___/___    |                                   |  |        |        |                  |         |                                     |            |            |       |
| ___/___    |                                   |  |        |        |                  |         |                                     |            |            |       |
| ___/___    |                                   |  |        |        |                  |         |                                     |            |            |       |

**General Liability**

Limits Requested     300/300     300/600     500/500     500/1M     1M/1M     1M/2M

**Previous Insurer Information**

| Year | Category   | General Liability | Property |
|------|------------|-------------------|----------|
|      | Carrier    |                   |          |
|      | Limits     |                   |          |
|      | Premium    |                   |          |
|      | Effective  |                   |          |
|      | Expiration |                   |          |
|      | Carrier    |                   |          |
|      | Limits     |                   |          |
|      | Premium    |                   |          |
|      | Effective  |                   |          |
|      | Expiration |                   |          |
|      | Carrier    |                   |          |
|      | Limits     |                   |          |
|      | Premium    |                   |          |
|      | Effective  |                   |          |
|      | Expiration |                   |          |

**5 Year Loss History**

**CHECK IF NONE**

| Date of Occurrence | Line | Description | Date of Claim | Amount | Claim Open Y/N |
|--------------------|------|-------------|---------------|--------|----------------|
|                    |      |             |               |        |                |
|                    |      |             |               |        |                |
|                    |      |             |               |        |                |

**Notes:**

- If the applicant has a mortgage, are they current with their mortgage payments?  Yes  No
- Does the applicant owe any back taxes?  Yes  No
- What is the reason for vacancy?
- What are the plans for building(s):
- Any attractive nuisance hazards, such as water exposures, trampolines, etc?  Yes  No  
Describe:
- Mortgagee name as address:

7. Is the building to be demolished or remodeled?  Yes  No If yes, please answer the following:

Describe the work to be done:

Expected start date

Expected completion date

Who is performing the work?  Licensed Contractor  Applicant acting as general contractor

Other:

Will applicant occupy the building upon completion?  Yes  No

Are certificates of insurance obtained from contractors or subcontractors?  Yes  No

Is a contract containing a hold harmless clause holding applicant harmless obtained from the contractor?  Yes  No

Estimated cost for renovation/construction operations:

Next 12 months: \$

Entire Project: \$

If applicant is acting as the general contractor:

(1) Does applicant obtain a written contract from all subcontractors which includes A hold harmless clause in favor of the applicant?  Yes  No

(2) Is applicant named as an additional insured on the subcontractor's policy?  Yes  No

(3) Is scaffolding owned, rented or erected by the applicant?  Yes  No

**FRAUD NOTICE**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE**

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated**

Applicant

Signature \_\_\_\_\_

Date \_\_\_\_\_